

01-24-01

ARE

Please type a plus sign (+) inside this box →

PTO/SB/50 (08-00)

Approved for use through 12/30/2000 OMB 0651-0033

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

<i>Address to:</i>	<i>Attorney Docket No.</i>	GR 96 P 4058
Assistant Commissioner for Patents	<i>First Named Inventor</i>	Frank Meyer Güldner
Box Reissue	<i>Original Patent Number</i>	6,014,476
Washington, DC 20231	<i>Original Patent Issue Date</i> (Month/Day/Year)	01/11/2000
	<i>Express Mail Label No.</i>	EL758651525US

APPLICATION FOR REISSUE OF: *Utility Patent* *Design Patent* *Plant Patent*
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

ACCOMPANYING APPLICATION PARTS

1. Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (*amended, if appropriate*)
4. Drawing(s) (*proposed amendments, if appropriate*)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?

Yes No

□ 100

37 C.F.R. § 3.73(b) Statement Power of Attorney (PTO/SB/96)

7. Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).

8. Original U.S. Patent for surrender

9. Ribboned Original Patent Grant

10. Statement of Loss (PTO/SB/55)

9. Foreign Priority Claim (35 U.S.C. 119)
(if applicable)

10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations

11. English Translation of Reissue Oath/Declaration
(if applicable)

12. Preliminary Amendment

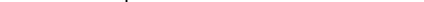
13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

14. Other:
.....

15. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 24131 Correspondence address below

Name	Lerner and Greenberg, P.A.				
Address	P.O. Box 2480				
City	Hollywood	State	Florida	Zip Code	33022
Country		Telephone	954 925-1100	Fax	954 925-1101

NAME (Print/Type)	Laurence A. Greenberg	Registration No (Attorney/Agent)	29,308
Signature		Date	1/22/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

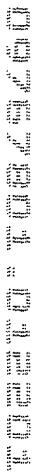
Docket No.: GR 96 P 4059

"Express Mail" mailing label number: EL758651525US
Date of Deposit: January 22, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Michael J. Burns
MICHAEL J. BURNS

Date: January 22, 2001



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

GR 96 P 4059

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 6	Total Claims (37 CFR 1.16(j))	(B) 6	**** 0 =	x \$ _____ =		or	x \$ 18 _____ =
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 1	* 0 =	x \$ _____ =			x \$ 80 _____ = 0
			Basic Fee (37 CFR 1.16(h))	\$ _____			\$ 710
			Total Filing Fee	\$ _____		OR	\$ 710

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			
			Total Additional Fee	\$ _____		OR	\$ _____	

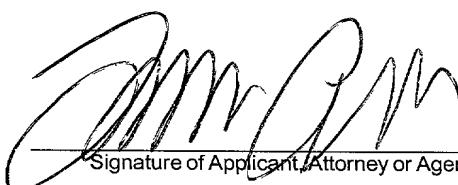
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-1099.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 710.00 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**January 22, 2001
Date

Signature of Applicant, Attorney or Agent of Record

Laurence A. Greenberg
Typed or printed name